

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Texas

Registration District No. 883

Township Lysack

Primary Registration District No. 6138

City Letha E. Williams (No.)

St. Ward

2. FULL NAME

(a) Residence, No.

St.

Ward

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S.; if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Ben Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Dec 2 1897

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

34

17

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

None

10. Date deceased last worked at this occupation (month and year)

None

11. Total time (years) spent in this occupation

12

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Texas

MOTHER FATHER

13. NAME

Gen H. Harris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Chiefs Co. Mo.

15. MAIDEN NAME

Annie Brewitt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Texas

17. INFORMANT (ADDRESS)

Harmon Harris

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. UNDERTAKER (ADDRESS)

20. FILED

1-10 1932

JBRoss

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Dec 19 1931

22. I HEREBY CERTIFY, That I attended deceased from

Dec 13 1931 to Dec 19 1931

I last saw her alive on Dec 15 1931. Death is said

to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Kidney

Date of onset

Other contributory causes of importance:

Name of operation Partial nephrectomy Date of Aug 1930

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Leslie Gundersen, M. D.

(Address) Licking Mo

N. B.—Every item of information should be stated EXACTLY. PHYSICIAN'S statement of OCCUPATION and CAUSE OF DEATH in plain terms, so that it can be understood by the layman.

M.B.—
CAUSE

RECEIVED

1911

1911

1911

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Texas
Township Lynch
City (No.)

Registration District No. 883
Primary Registration District No. 6138

File No.
Registered No.
St. Ward

2. FULL NAME

Letha E. Williams

(a) Residence, No. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>7</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE YEARS	MONTHS	DAYS
		IF LESS than 1 day,hrs. ormin.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Authora Creek DATE Dec 20 1932
Exact date not known or about

UNDERTAKER Arthur Williams
(ADDRESS)

FILED 1-10 1932 J. B. Ross
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 19 1931

22. I HEREBY CERTIFY, That I attended deceased from

to 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed)....., M. D.

(Address).....

S-43171